

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

14 MAY 22 AM 10:30

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Belmont for Senate

ADDRESS (number and street)

P.O. Box 31



Check if different  
than previously  
reported. (ACC)

Palisades Park

NJ

07650-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00558122

3. IS THIS  
REPORT

☒ N

NEW  
(N)

OR

☐ A

AMENDED  
(A)

NJ

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

06<sup>M</sup>

03<sup>D</sup>

Y Y 2014<sup>Y</sup>

in the  
State of

NJ

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M

D D

Y Y Y Y

in the  
State of

5. Covering Period

04<sup>M</sup>

01<sup>D</sup>

Y Y 2014<sup>Y</sup>

through

05<sup>M</sup>

14<sup>D</sup>

Y Y 2014<sup>Y</sup>

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alfred A. Angelo

Signature of Treasurer

*Alfred A. Angelo*

Date

05<sup>M</sup>

21<sup>D</sup>

Y Y 2014<sup>Y</sup>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)